



**CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **RFP559**

Award Sheet

DIVISION

BID NO.: **RFP559**

PREVIOUS BID NO.:

BPO: **ABCW0800169**

TITLE: **SELF-FUNDED MEDICAL PROGRAM**

COMMODITY CODE NO.: **948-42**

CURRENT CONTRACT PERIOD: **08/15/2007** through **12/31/2010**

Total # of OTRs: **99**

MODIFICATION HISTORY

Bid No. **RFP559**

Award Sheet

DPM Notes

BPO AMOUNT OF \$48,168,000.00 FOR AVMED'S ADMINISTRATIVE SERVICES FEE, FOR A 3 YEAR PERIOD. THE ADDITIONAL FUNDING WHICH IS ESTIMATED AT \$1.2B IS TO COVER CLAIMS COSTS, AS THIS IS A SELF FUNDED INSURANCE PROGRAM.

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **No**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

No Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **ZAWOYSKI ANDREW**

PHONE: **305 375-5663**

FAX:

EMAIL: **AZAWOY@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT

DIVISION

VENDOR NAME: **AVMED INC**
 Fein : **592742907** Suffix : **01**
 STREET: **9400 SOUTH DADELAND BLVD** CITY: **MIAMI** ST: **FL** ZIP: **33156**
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-432-6676**

VENDOR INFORMATION:

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor: No	SBE No	Set Aside No
	Micro Ent. No	Bid Pref. No
	Selection Factor No	Goal No
	Other:	Vendor Record Verified? No

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
FRANK JANTZEN	305-671-5437	800-432-6676	305-671-6103	frank.jantzen@avmed.org

ITEMS AWARDED Section:

Details: **RFP559**

BPO AMOUNT OF \$48,168,000.00 FOR AVMED'S ADMINISTRATIVE SERVICES FEE, FOR A 3 YEAR PERIOD. THE ADDITIONAL FUNDING WHICH IS ESTIMATED AT \$1.2B IS TO COVER CLAIMS COSTS, AS THIS IS A SELF FUNDED INSURANCE PROGRAM

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
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End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **Yes** DPM Award: **No**
 BCC Date: DPM Date: **09/18/2007**

Contract Amount: \$ **248,168,000.00**

Additional Items Allowed:

Agenda Item No.: 801-A

Special Conditions:

BPO AMOUNT OF \$48,168,000.00 FOR AVMED'S ADMINISTRATIVE SERVICES FEE, FOR A 3 YEAR PERIOD. THE ADDITIONAL FUNDING WHICH IS ESTIMATED AT \$1.2B IS TO COVER CLAIMS COSTS, AS THIS IS A SELF FUNDED INSURANCE PROGRAM.

Department

Dollar Allocations

GS*****

48,168,000.00

End of Department Allocations Section